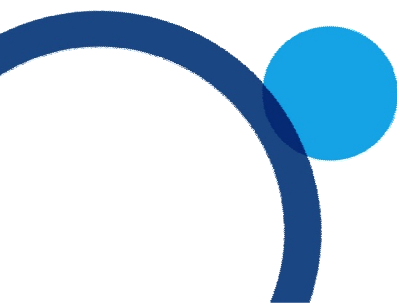


National Services Division

**Scottish Paediatric Endocrine Group
(SPEG) Network**

Quality Strategy

31.03.2019 v0.2



Contents

Approval	3
Section 1: Introduction	4
2. Network Vision	6
3. Quick Wins	7
4. QI Projects	8
Annexes	9
Annex 1	9
Annex 2	11
Annex 3	13
Annex 4	16
Annex 5	Error! Bookmark not defined.
Annex 6	16
Annex 7	177

Document control

Key personnel

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Version history

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V0.1			

Distribution

Name	Organisation

Approval

Date	Approved by	Next Review Date
16/05/2019	Scottish Paediatric Endocrine Group (SPEG) Network Steering Group	
	Information Management Service	
	NNMS	

Section 1: Introduction

National Managed Clinical and Diagnostic Networks (NMCNs and NMDNs) are recognised vehicles for improving the quality of the services they support.

The key responsibility of networks in delivering quality improvement is clearly articulated in the most recent published guidance, CEL 2012 (29), which states, “The role of MCNs in improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. MCNs achieve their results through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care.... MCNs are integral to achieving the three Quality Ambitions. They epitomise the ethos of co-operation and collaboration that distinguishes the whole of NHSScotland.”¹

Scottish Government’s core principles of managed networks identifies the requirement for:-

- Continuous quality improvement, articulated through an annual workplan to demonstrate intended improvements year on year, quantified from the perspective of the service user
- Expansion of the evidence base through continuous quality improvement and ongoing audit

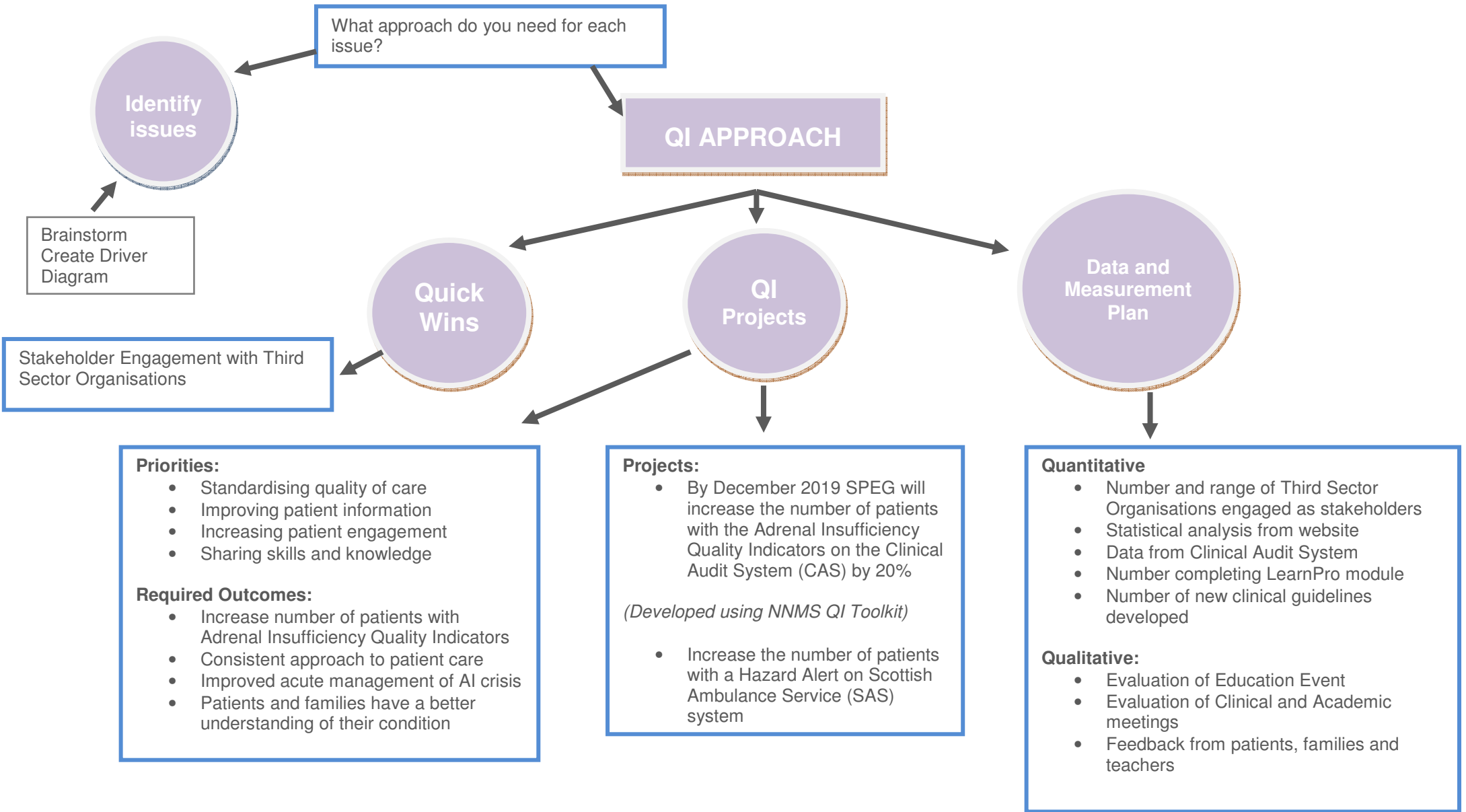
This strategy outlines the approach the SPEG Network will take to improving quality in the management of burns.

This strategy complements the strategic vision for the network, which can be found at: K:\09_PCF\NSD\NMCNs & NMDNs\Networks\COBIS\Commissioning\Review\Strategy Day linked to the three year plan.

1.2 Network approach

Networks develop five year and annual workplans, based on policy drivers, horizon scanning and identified need for service improvement. From the development of workplans an understanding of the issues to be addressed is developed. How these issues are addressed is contained within this strategy. The network’s identified approach to quality improvement can be illustrated as follows:-

¹ http://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf



What approach do you need for each issue?

Identify issues

Brainstorm
Create Driver
Diagram

QI APPROACH

Quick Wins

QI Projects

Data and Measurement Plan

Stakeholder Engagement with Third Sector Organisations

Priorities:

- Standardising quality of care
- Improving patient information
- Increasing patient engagement
- Sharing skills and knowledge

Required Outcomes:

- Increase number of patients with Adrenal Insufficiency Quality Indicators
- Consistent approach to patient care
- Improved acute management of AI crisis
- Patients and families have a better understanding of their condition

Projects:

- By December 2019 SPEG will increase the number of patients with the Adrenal Insufficiency Quality Indicators on the Clinical Audit System (CAS) by 20%

(Developed using NNMS QI Toolkit)

- Increase the number of patients with a Hazard Alert on Scottish Ambulance Service (SAS) system

Quantitative

- Number and range of Third Sector Organisations engaged as stakeholders
- Statistical analysis from website
- Data from Clinical Audit System
- Number completing LearnPro module
- Number of new clinical guidelines developed

Qualitative:

- Evaluation of Education Event
- Evaluation of Clinical and Academic meetings
- Feedback from patients, families and teachers

2. Network Vision

Improving treatment and outcomes for children and young people with an endocrine condition in Scotland

The key role of the network is to ensure the best evidence-based clinical practice is delivered across the paediatric endocrinology community for safe, effective and person-centred care.

Areas for improvement have been identified through the SPEG Steering Group and Sub-groups.

The quality and utility of the website content is key to providing clinical guidance on a range of paediatric endocrine conditions – for those working in specialist tertiary centres and those in general paediatric care. Owing to the dispersed nature of services across the country, ready access to specialist resources is vital.

Priorities are reflected through the activities described in the 2019-20 workplan (Annexe 8). The long term outcomes for the network are:

- The model of service for paediatric endocrinology is underpinned by the 6 domains of quality
- Stakeholder views are incorporated in all aspects of the network
- The network is structured and organised to achieve all aspects of its work effectively
- There is capacity and capability amongst network stakeholders to support delivery of the model of specialist care
- Quality improvement underpins all aspects of the network

The Scottish Paediatric Endocrinology Group network has identified the following key areas to target quality improvement initiatives:-

- Improve reliability with recording the number of patients with Adrenal Insufficiency Quality Indicators on the Clinical Audit System
- Improve the content (including clinical guidelines) and interaction with the web resources
- Increase the number of patient information leaflets to be as inclusive as possible
- Improve the number of families engaged with network activity
- Improve stakeholder engagement across the whole system
- Use data to make quality improvements

Opinions from patients, families and school nurses/teachers has been gathered by the Nurses' Group and influences the development of new patient information leaflets.

3. Quick Wins

Stakeholder Engagement

Situation	It was acknowledged by the SPEG Steering Group that the network could improve collaboration with Third Sector Organisations representing patients and families to help shape the network's workplan
Task	To improve engagement with a range of Third Sector Organisations with links to patients and families
Action	<ul style="list-style-type: none">• Programme Manager met with the Third Sector Organisation representative on the SPEG Steering Group• Agreed core areas for consultation• Identified appropriate organisations across Scotland and the UK• Liaison with key organisations• Development of a directory of key third sector patient support organisations• Link through social media
Result	The SPEG network now has a comprehensive spreadsheet of patient support organisations which can be used for sharing resources and to help clinicians signpost patients and families to appropriate support

4. QI Projects

The network will collaborate with stakeholders to focus on how services can be improved using improvement methodology. NNMS has developed a QI Toolkit, which has been accessed and the following templates deployed: the quality improvement plan, data and measurement plan and Driver Diagram (Annexes 2, 3 and 4).

5. Data and Measurement Plan

The SPEG Data and Measurement Plan (Annexe 1) includes the following:

- Quantitative data: Clinical Audit System, website analytics, education, stakeholder engagement (including engagement with families), patient resources
- Qualitative data: evaluation from education sessions and events, patient and family feedback
- Quality Indicators: Adrenal Insufficiency
- Network standards/guidelines where compliance might be measured/monitored: Review of Clinical Guidelines

The network will report progress against the data and measurement plan in Annual and Midyear Reports.



Annexes

Annex 1

Scottish Paediatric Endocrine Group (SPEG) Network Steering Group Membership

NAME	TITLE	ORGANISATION
Dr Loveline Ayuk	Consultant Paediatrician	NHS Dumfries and Galloway
Dr Louise Bath	Consultant in Paediatric Endocrinology and Diabetes	NHS Lothian
Ms Roisin Boyle	Paediatric Endocrine Nurse Specialist	NHS Greater Glasgow and Clyde
Dr Nicky Conway	Consultant Paediatrician	NHS Tayside
Dr Mike Crane	Consultant Clinical Biochemist	NHS Lothian
Mr Richard Crawford	Programme Support Officer	NHS National Services Scotland
Dr Graeme Eunson	Consultant Paediatrician	NHS Borders
Miss Emily Gate	Paediatric Endocrine and Diabetes Specialist Nurse	NHS Highland
Mrs Jill Gibb	Paediatric Endocrine Nurse	NHS Tayside
Dr Stuart Henderson	Consultant Paediatrician	NHS Highland
Dr Ian Hunter	Consultant Paediatrician	NHS Lanarkshire
Mrs Julie Johnstone	Parent and Carer Representative	Parent and Carer Representative
Mrs Alison Kilgour	Parent and Carer Representative	Parent and Carer Representative
Ms Heather Kyle	Paediatric Endocrine Nurse Specialist	NHS Greater Glasgow and Clyde
Mrs Claire Lawrie	Programme Manager	NHS National Services Scotland
Mrs Julie Lucas	Paediatric Endocrine Nurse	NHS Forth Valley
Mrs Ruth Magowan	Paediatric Endocrine Nurse	NHS Borders
Dr Avril Mason	Consultant Paediatric Endocrinologist	NHS Greater Glasgow and Clyde
Dr Amalia Mayo	Consultant Paediatrician (Lead Clinician)	NHS Grampian
Dr Jane McNeilly	Consultant Clinical Biochemist	NHS Greater Glasgow and Clyde
Dr Paula Midgley	Senior Lecturer/Consultant	NHS Lothian
Dr Harriet Miles	Consultant Paediatrician	NHS Lothian

Miss Kerstin Norman	Paediatric Endocrine and Diabetes Specialist Nurse	NHS Highland
Dr Craig Oxley	Consultant Paediatrician	NHS Grampian
Ms Jenny Petkov	Paediatric Endocrine Nurse	NHS Dumfries and Galloway
Mr Daniel Purton	Endocrine and Diabetes Paediatric Nurse	NHS Lanarkshire
Mrs Jacquie Reid	Paediatric Endocrine Nurse	NHS Grampian
Mrs Jennifer Roach	Paediatric Endocrine Nurse Specialist	NHS Lothian
Mrs Ann Rock	Paediatric Endocrine Nurse	NHS Ayrshire & Arran
Dr Guftar Shaikh	Consultant Paediatric Endocrinologist	NHS Greater Glasgow and Clyde
Mrs Arlene Smyth	Executive Officer	Turner Syndrome Support Society
Mrs Alley Speirs	Senior Programme Manager	NHS National Services Scotland
Mrs Lisa Stewart	Programme Manager	NHS National Services Scotland
Professor Mark Strachan	Consultant in Diabetes and Endocrinology (Chair)	
Dr Anthony Tasker	Consultant Paediatric Endocrinologist	NHS Fife
Mrs Angela Toruntay	Paediatric Endocrine Nurse	NHS Fife
Mrs Barbara Wardhaugh	Paediatric Endocrine Nurse Specialist	NHS Lothian
Dr Scott Williamson	Consultant Paediatrician	NHS Ayrshire & Arran
Dr Rohana Wright	Consultant Physician	NHS Lothian

Annex 2 Data and Measurement Plan

Scottish Paediatric Endocrine Group (SPEG) Network

The network has identified the following key areas to target quality improvement initiatives:-

- Improve number of patients recorded on CAS with Adrenal Insufficiency Quality Indicators
- Improve the content (including clinical guidelines) and interaction with the web resources
- Improve reach of education events across paediatric endocrine community
- Improve third sector stakeholder engagement
- Improve engagement with patients and families
- Use data to make quality improvements

Type of Measure	Description	Measure	Baseline	Target	By when
Outcome measure	Clinical Guidelines	On the SPEG website all Clinical Guidelines will be reviewed for content, relevance and accessibility	3 = Acceptable 9 = require review 1 = Replacement ready 2 = For removal 1 = New	Aim for all clinical guidelines to be reviewed for content, relevance and accessibility	March 2020
Outcome measure	Adrenal Insufficiency QI	Number of patients on CAS	01/01/2019 = 25	20% increase	20% increase
Outcome measure	Interaction with website	Number of visits per month	Median =	20% increase	March 2020
Outcome measure	Stakeholder Engagement	Number of organisations in contact	01/10/2018 = 1	20% increase	July 2019
Outcome measure	Stakeholder Engagement	% increase representation from paediatric endocrine community	01/02/2019 = 50%	10% increase	March 2020
Outcome measure	Stakeholder Engagement	Number of families joining Patient Advisory Group	01/01/2019 = 0	20% increase	March 2020

Outcome measure	Patient Information	Number of Reviewed Patient Information leaflets available on the website	01/01/2019 = all require review	Aim for all patient information leaflets to be reviewed for content, relevance and accessibility	December 2019
Process measure	Adrenal Insufficiency QI	Number of clinicians trained to record AI QI on CAS	01/10/2019 = 1	20% increase	December 2019
Process measure	Adrenal Insufficiency QI	Number of NHS Boards recording data	01/10/2019 = 1 (NHS Tayside)	20% increase	December 2019
Process measure	Education	Number of healthcare professionals completing 'Growth Development' LearnPro module	01/09/2018 = 104	10% increase	December 2019
Qualitative data	Evaluation	Feedback provided from Annual Scientific Meeting and two Clinical and Medical meetings throughout the year		Continue to gather and respond to feedback	March 2020
Qualitative data	Feedback	Feedback sought from patients and families		Continue to gather and respond to feedback through Patient Advisory Group	March 2020

Annex 3 QI Plan for Improving

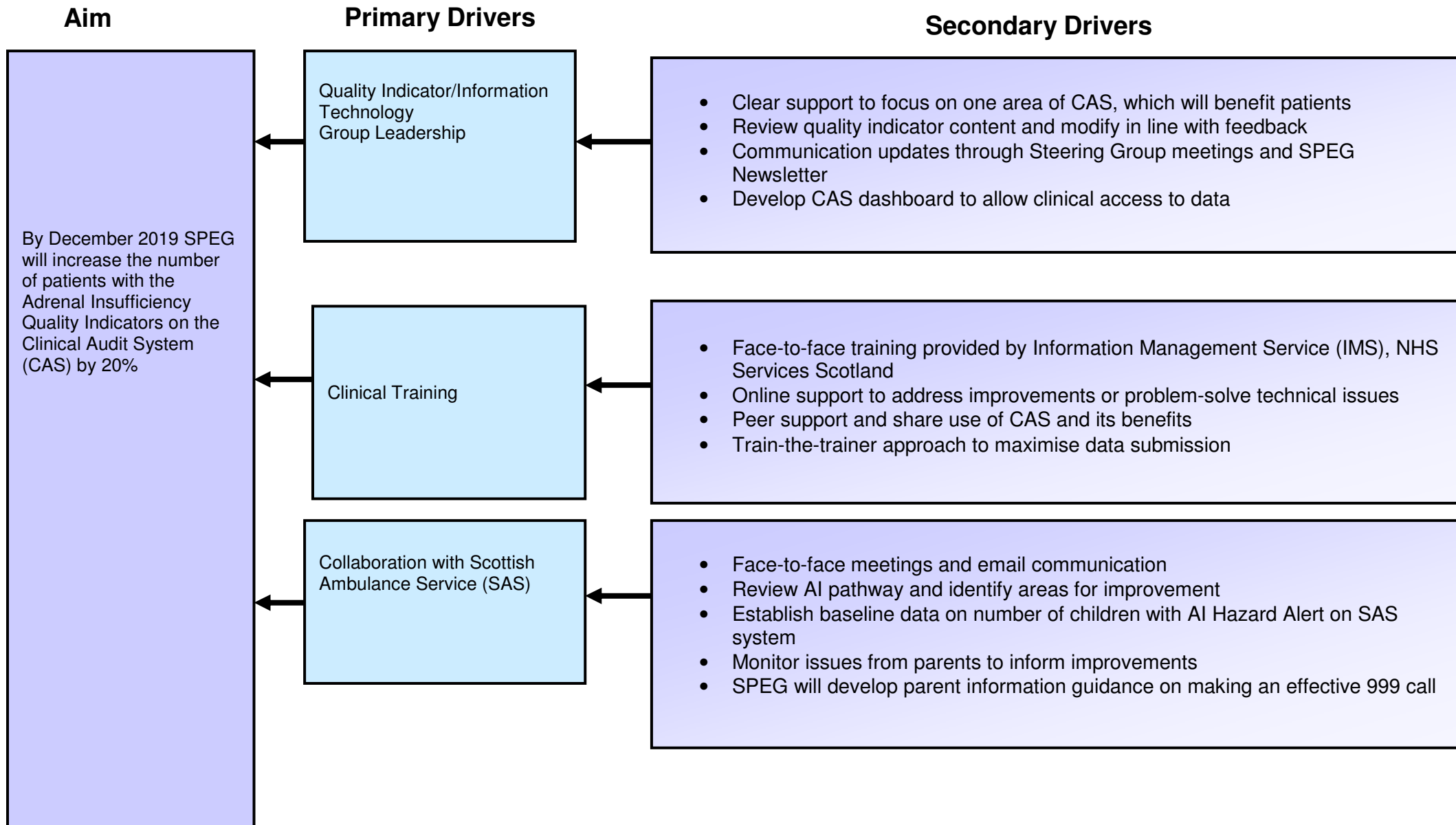
National Network Management Service: Quality Improvement Plan

Planning		Following the Model for Improvement	
Network: Scottish Paediatric Endocrine Group (SPEG) Network			
Project: Improving the number of patients with Adrenal Insufficiency (AI) Quality Indicators (QI) on the Clinical Audit System (CAS)			
Planned start date: 01.01.2019	Planned end date: 31.12.2019		
Rationale: Why are you undertaking the project? The network recommends that every child or young person with Adrenal Insufficiency (either as a primary or secondary condition) should receive a standard approach to management of their condition. A set of Quality Indicators has been agreed by the network. This project will monitor whether reliability with the QI bundle has improved.			
Aims statement: What are we trying to accomplish? This sets out your project aims and answers the questions how good? By when? This should be something you can measure. (Setting aims). By December 2019 the number of patients with the Adrenal Insufficiency Quality Indicators recorded on the Clinical Audit System will increase by 20%.			
How do we know that a change is an improvement?			
Measures to monitor the impact of improvement effort. There are three types of measure that might be needed – an outcome measure that links to the aim question but there will also be measures of process that are needed to help understand what is happening during the project and balance measures to evaluate any unintended consequences. A baseline measure will be needed to start with and then a responsive method for continual measuring.	Outcome measure (s): Patients will have a consistent approach to care management	Process measures: Number of clinicians trained to use CAS. Number of NHS Boards recording AI QIs.	Balance measures: Focus on AI quality indicators may detract from focus on other conditions – monitor CAS input for other conditions Amount of time spent training clinicians (i.e. travel to NHS Boards)
	Baseline: On 1 st January 2019, number of patients with Adrenal Insufficiency with QI recorded on CAS		
What changes can we make that will result in the improvements we seek (improvement)?			
There are many tools that can help with analysing the root	Potential causes:	Improvement ideas:	

<p>causes of problems and identifying opportunities for improvement.</p>	<p>Clinicians may report they don't have time to learn about new data collection</p> <p>Some resistance to CAS as a dataset</p> <p>IT/technical issues</p>	<p>Modify CAS to make the system as intuitive as possible</p> <p>Amend the QIs to reflect clinical requirement (e.g. include the addition of the Key Information Summary)</p> <p>Ensure clinicians can access a dashboard to monitor improvement</p> <p>Provide face-to-face training</p> <p>Use Chair of QI/IT Group to encourage 'early adopters' to engage more resistant clinicians</p> <p>Collaborate with the Scottish Ambulance Service to ensure the Hazard Alert is on the SAS system</p>
<p>Results To be reported beginning of 2020 prior to annual report.</p>		
<p>Who is in our project team?</p>		
<p>Role Programme Manager Lead Clinician Programme Support Officer IMS Data Analyst Chair of QI/IT Group</p>	<p>Name Lisa Stewart Amalia Mayo Richard Crawford Mike Gunn Dr Nicky Conway</p>	

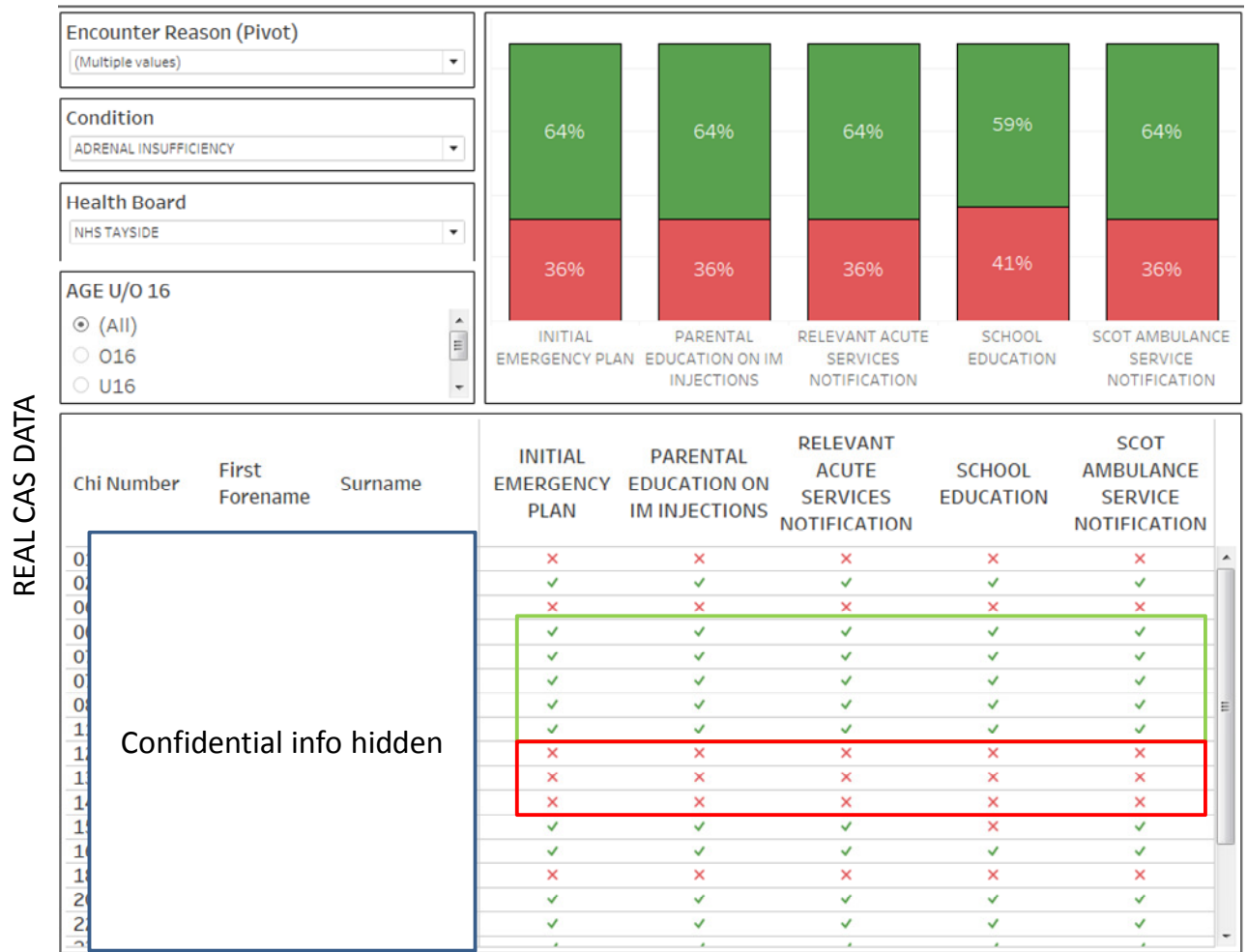
Annex 4 Driver Diagram

SPEG Adrenal Insufficiency (AI) Quality Indicators Driver Diagram



Annex 5 Adrenal Insufficiency Quality Indicator Baseline Data

Annex 6 Clinical Audit System Adrenal Insufficiency Quality Indicators



Annex 7

Scottish Paediatric Endocrine Group (SPEG) Network WORKPLAN – 2019-20

When defining network objectives please consider the Institute of Medicine's six dimensions of quality, which are central to NHS Scotland's approach to systems-based healthcare quality improvement:

1. **Person-centred:** providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
2. **Safe:** avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective:** providing services based on scientific knowledge;
4. **Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. **Timely:** reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Key

RAGB status	Description
RED (R)	The network is unlikely to achieve the objective by the agreed end date.
AMBER (A)	There is a risk that the network will not achieve the objective by the agreed end date but progress has been made.
GREEN (G)	The network is on track to achieve the objective by the agreed end date.
BLUE (B)	The network has been successful in achieving the network objective to plan.

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31.03.2019	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance [linked to Quality Dimensions 3,4,5,6]						
2019-01	The network will organise 3 Steering Group and 3 of each sub-group meetings by 2020 to ensure effective delivery of the 2019-20 workplan.	01/04/2019	Steering Group and Sub-Group membership	Steering Group meetings are planned for 2019-20 and sub-groups are arranged throughout the year	Effective delivery of the SPEG network workplan to ensure continuation of	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31.03.2019	Anticipated Outcome	RAGB status
					progress	
2. Service Development and Delivery <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2019-02	By March 2020 review existing and develop new clinical guidelines relevant to the Scottish Paediatric population	01/04/2019	Clinical Guidelines Group	Current review of all guidelines and scoping of emerging requirements	Delivery of evidence-based practice and equity of access to high quality care across Scotland to reduce harm and unwarranted variation	G
2019-03	By December 2019 review existing and develop new patient and family information leaflets, relevant to paediatric care, including transition	01/04/2019	Nurses' Group and Transitions Group	Current review of all information leaflets and scoping of emerging requirements	Patients and families are supported to manage their condition and to share in informed decision-making	G
3. Stakeholder Communication and Engagement <small>[linked to Quality Dimensions 1,3,4,5,6]</small>						
2019-04	By June 2019 review and update the SPEG Communication Strategy to meet the needs of all stakeholders, including provision of information and effective sign-posting	01/04/2019	Steering group	Current review of Communication Strategy identifying broader range of stakeholders	Stakeholders across Scotland will inform the annual workplan to ensure a personalised approach to care	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31.03.2019	Anticipated Outcome	RAGB status
2019-05	By October 2019 develop a Patient Engagement Strategy to support patients and families so that their views, values, needs and preferences drive improvement	01/04/2019	Programme manager/ Lead Clinician/ Third Sector	Current collaboration with Third Sector Organisations to develop stronger links	Through shared decision-making SPEG will deliver what matters most to patients	G
4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-06	By March 2020 deliver one annual scientific meeting and two Clinical and Academic meetings	01/04/2019	Education Group	The annual scientific meeting is held in January each year and two dates have been agreed for the Clinical and Academic meetings in 2019	Healthcare professionals across Scotland share and increase their skills and knowledge of paediatric endocrinology	G
2019-07	By June 2019 review and update the Education Strategy to support stakeholders' learning needs and address these in a range of formats, including regional teaching sessions, use of LearnPro and scoping of app development	01/04/2019	Education Group	Education Strategy has been drafted but requires review to include all stakeholders	Evidence and guidance is readily available to support the workforce and embrace innovation	G
5. Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-08	By December 2019 increase the Clinical Audit System dataset and provide clinical access to dashboard	01/04/2019	QI/IT Group	Ongoing work to engage clinicians in CAS training and review of dataset	Clinicians are able to access their data and audit patient outcomes to drive improvement	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31.03.2019	Anticipated Outcome	RAGB status
2019-09	By December 2019 audit collaboration between the Scottish Ambulance Service and SPEG regarding implementation of the Adrenal Insufficiency Hazard Alert	01/04/2019	QI/IT Group/ Lead Clinician	Development of Adrenal Insufficiency care bundle for auditing and increasing number of patients included	Patients will benefit from organisations working together to provide optimum care and manage risk better	G
2019-10	By June 2019 develop a Quality Strategy to provide a framework for driving improvement		Lead Clinician/ Programme Manager	The SPEG Quality Standards will be used to inform the strategy	Clinicians will work together to drive improvements for patient care	G
6. Value [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-11	By March 2020 SPEG will support NSS National Procurement to deliver a national prescribing approach for Growth Hormone Treatment	01/04/2019	SPEG Clinical Advisory Panel	Members of SPEG form the Clinical Advisory Panel alliance with NSS National Procurement and a tender proposal has been drafted for Steering Group comment	Patients and families are involved in shared decision-making while maximising value for money and realising cost savings	G